

The Carolinas Pandemic Preparedness Task Force prioritized the discussion of long-standing societal and structural factors—such as employment and income, housing, food security, access to child care and human services, and overall financial and economic stability—that contributed to the impact of the COVID-19 virus and the effectiveness of the state pandemic response. These factors will deeply influence the state’s ability to withstand future pandemics and public health emergencies.

While the task force recognized that recommendations broadly aimed at improving food security, employment rates, and economic stability were out of its scope of work, members developed several specific recommendations aimed at understanding and addressing the broad and long-lasting impact of the pandemic and mitigation strategies on economic stability, child care, and education.

This chapter includes an overview of data on demographic characteristics and key drivers of health in North Carolina, including household income/poverty, unemployment, food insecurity, housing, and health insurance coverage. Following this overview, the chapter includes full text and background context of the task force’s recommendations.

Demographics and Disparities in Health Outcomes

Policymakers and researchers have recognized the many ways in which social, economic, and environmental factors influence individuals’ and populations’ health and well-being. According to *Healthy North Carolina 2030: A Path Toward Health*, “Health begins in families and communities, and is largely determined by the social and economic contexts (responsible for 40% of the variation in health outcomes) in which we grow up, live, work, and age; the healthy behaviors (30%) that those contexts make easier or harder; and our physical environments (10%). These factors are called drivers of health (also known as social determinants of health) and they directly affect health outcomes like development of disease and life expectancy.”⁶ *Healthy North Carolina 2030* defines health equity as “the opportunity for all people to attain the highest level of personal health regardless of demographic characteristics.” While these dynamics are reflected in decades of health data across a wide range of issues (such as life expectancy, diabetes, and cancer), heightened attention to the disparate impact of COVID-19 on different population groups increased awareness of the interactions between demographic characteristics, drivers of health, and North Carolinians’ experiences with the pandemic.

Healthy North Carolina 2030

In 2020, the North Carolina Institute of Medicine, in partnership with the North Carolina Department of Health and Human Services, released *Healthy North Carolina 2030: A Path Toward Health*, which outlined a series of health, economic, and social indicators prioritized as integral to improving health outcomes in the state.⁶ In addition, *Healthy North Carolina 2030* identified structural racism as a key factor across these indicators, and the reduction of disparities as a primary goal for the state. The Healthy North Carolina 2030 Task Force identified improvement across the following indicators as key to promoting health in the state:

- Individuals below 200% federal poverty level
- Unemployment
- Short-term suspensions (per 10 students)
- Incarceration rate (per 100,000 population)
- Adverse childhood experiences
- Third grade reading proficiency
- Access to exercise opportunities
- Limited access to healthy food
- Severe housing problems
- Drug overdose deaths (per 100,000 population)
- Tobacco use
- Excessive drinking
- Sugar-sweetened beverage consumption
- HIV diagnosis (per 100,000 population)
- Teen birth rate (per 1,000 population)
- Uninsured
- Primary care clinicians (counties at or below 1:1,500 providers to population)
- Early prenatal care
- Suicide rate (per 100,000 population)
- Infant mortality (per 1,000 births)
- Life expectancy (years)

Source: North Carolina Institute of Medicine. *Healthy North Carolina 2030: A Path Toward Health*. Morrisville, NC: North Carolina Institute of Medicine; 2020. <https://nciom.org/healthy-north-carolina-2030-a-path-toward-health/>

North Carolina Demographics Prior to the COVID-19 Pandemic

Poverty and Economic Precarity: The federal poverty level (FPL) is an estimate calculated annually by the U.S. Department of Health and Human Services. This estimate depends on family size, is the same in each of the contiguous 48 states, and is used to determine eligibility for means-tested benefit programs, such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and some parts of Medicaid and Medicare.¹ In 2019, an individual earning under \$12,490 annually (100% FPL) was considered to be living in poverty. While the meaning and relevance of 100% FPL is often debated, earning 200% FPL or less is roughly understood to indicate that an individual experiences some degree of economic insecurity and faces difficulties in affording basic needs, such as housing, utilities, food, and health coverage.^{2,3} In North Carolina, the five-year average of individuals earning below 200% FPL (\$24,980 in 2019) in 2013–2017 was higher than the national average: 37% compared to approximately 33% of families nationwide. In our state and nationally, people of color are disproportionately more likely to live in poverty. In North Carolina, 52% of American Indians, 51%



of African Americans, and 64% of Hispanic individuals have incomes below 200% FPL, compared to 31% of Whites. Nationally, children are the most likely of any age group to live in poverty; in North Carolina, 44.0% of people under the age of 18 live under 200% FPL.⁴ Racial and ethnic disparities also persist among families living in poverty in North Carolina: in 2018, 61% of African American and 68% of Hispanic households with children lived under 200% FPL, compared to 28% of White households with children.⁵

UNEMPLOYMENT: In 2018, North Carolina's unemployment rate was 3.9%, representing an all-time low for the state. However, North Carolina continues to face significant disparities in access to economic opportunity. Unemployment rates ranged across counties from 3.5% to 13.4%, with rural North Carolinians facing higher levels of unemployment and poverty and earning less than urban residents. North Carolina also experiences racial and ethnic disparities in unemployment, with rates for African Americans and American Indians nearly twice that of White populations (11.7%, 10.3%, and 5.7%, respectively, 2013–2017 average) and Hispanic populations also facing higher rates of unemployment (7.1%) as compared to the non-Hispanic White population. In economically distressed rural areas, African Americans are also disproportionately represented: in 2018, unemployment in rural areas of the state was 11.4% for African Americans and 5.9% for Whites.⁶

FOOD INSECURITY: In North Carolina, more than half a million residents live in areas designated as “food deserts,” defined as areas with limited access to healthy foods. Low-income neighborhoods and neighborhoods with higher minority populations are more likely to be designated food deserts and individuals in these neighborhoods have less access to supermarkets or other grocery stores. Available retailers in these areas often have more limited healthy options and may have higher prices than stores in wealthier areas. In North Carolina, there are 15 counties where 10% or more of residents have limited access to healthy foods; county estimates range from 0% to 35% of residents with limited access to healthy foods.⁷

HOUSING: Studies have increasingly shown a direct link between housing quality and physical and mental health.⁸ One in six households in North Carolina report experiencing severe housing problems, defined as the presence of at least one of the following problems: overcrowding, very high housing costs, or lack of kitchen and/or plumbing facilities. According to *Healthy North Carolina 2030*, approximately 14,000 North Carolina households are overcrowded, 18,000 households lack complete plumbing, 24,000 households lack sufficient kitchen facilities, and half a million households face severe cost burden. Overcrowding, in particular, can lead to exacerbation of respiratory health issues, such as asthma, and in the case of an infectious respiratory illness like SARS-CoV-2 overcrowding can be a key risk factor for infection. Severe housing problems do not affect the population uniformly, and the experience of severe housing problems is correlated with high rates of poverty and historic segregation in under-resourced residential areas.⁹

HEALTH INSURANCE COVERAGE: In 2019, 11.3% of North Carolinians did not have health insurance.¹⁰ North Carolina sees racial and geographic disparities in health insurance coverage, with Hispanic North Carolinians uninsured at higher rates (31%) than their non-Hispanic White (10%) and African American (13%) counterparts, as members of that community may be more likely to lack access to employer-sponsored health coverage. Hispanic North Carolinians may also face citizenship and immigration status documentation barriers to qualifying for public insurance programs such as Medicaid and Medicare. Non-Hispanic White North Carolinians account for almost half of residents in the state without health insurance.

Residents of rural areas are also more likely to be uninsured.¹¹ Because health insurance coverage in the United States is so closely tied to employment for historic reasons, there is also considerable variation in coverage based on employment sector.¹² Some workers may be less likely to have health insurance, including those who are engaged in seasonal, part-time, temporary, or caregiving work. In North Carolina, people working in the agriculture, forestry, mining, construction, hospitality, and service industries are most likely to lack health insurance. Individuals who are self-employed or small business owners may not receive employer-sponsored insurance, while at the same time they may be ineligible for public benefits or tax credits and subsidies to purchase coverage on the Affordable Care Act marketplace. As the COVID-19 pandemic emerged, workers across several of these industries were often at increased risk for both infection and for financial difficulties when it came to paying for needed care. In addition, due to business closures and job losses, an estimated 238,000 workers in North Carolina lost health insurance between February and May 2020.¹³

As of June 2022, North Carolina is one of 12 states that have not expanded Medicaid eligibility to 138% of the federal poverty level for all residents. If North Carolina were to expand Medicaid eligibility, an estimated additional 500,000 to 600,000 residents would become eligible for Medicaid coverage.¹⁴ (See **Chapter 8** for additional information about access to health insurance.)

Impacts of COVID-19 on Incarcerated Populations and People Who Use Drugs

INCARCERATED POPULATIONS: In 2017, North Carolina's rate of incarceration was 341 in 100,000 people in the state, with high levels of disparities across race. The *Healthy North Carolina 2030* report states,

“Application of law enforcement and sentencing has led to disproportionate incarceration rates, with African Americans making up 52% of the total incarcerated population, but only 22% of the state population. For example, although drug use is lower among African Americans and rates of trafficking are not different based on race/ethnicity, African Americans are 6.5 times more likely to be incarcerated for drug-related offenses. Numerous studies have shown systematic differences exist in outcomes for people of color from arrest, case processing, sentencing, and parole, all of which increase their likelihood of serving time in jail or prison and their likelihood of serving time in jail or prison.”⁶

Families with incarcerated members are more likely to face economic hardships, and children in such families are more likely to experience traumatic effects, increasing their risk of depression, anxiety, substance use, and difficulties in school. In addition, incarcerated individuals are more likely to develop chronic health conditions, experience poor diets, and are more at risk of contracting infectious diseases.¹⁵

During the COVID-19 pandemic, incarcerated individuals were at high risk of contracting the virus due to congregate living conditions and the associated difficulties in implementing social distancing, isolation, and limiting exposure to prison staff who may have been exposed in their communities. To date, the North Carolina Department of Public Safety reports deaths of 58 incarcerated individuals from COVID-19, with over 14,000 cases.¹⁶

People who use drugs: In recent years, drug overdose deaths have dramatically increased in North Carolina. In 2019, 2,352 individuals died from unintentional overdoses in North Carolina, an increase of nearly 75% since 2014.¹⁷ From 2019 to 2020, unintentional drug overdose deaths increased by 40%.^{17,18} Although the overdose epidemic was initially driven by prescription opioids in the early-to mid-2000s, illicitly manufactured opioids such as fentanyl and heroin are now involved in over 70% of the state's opioid-related overdose deaths.¹⁵

Throughout the COVID-19 pandemic, people of color and other historically marginalized populations have been disproportionately impacted by overdose compared to other groups as a result of systemic and structural barriers that limit access to treatment and other services and supports. People who use drugs are also at higher risk for hospitalization, death, and other severe outcomes related to SARS-CoV-2 infection compared to other populations due to higher rates of underlying health conditions, financial or economic instability, incarceration and other forms of justice system involvement, and inaccessible health care services and supports.^{19–22} People of color who use drugs are particularly at risk of both overdose and severe COVID-19 outcomes, reflecting the intersectional inequalities faced by people with multiple marginalized identities.¹⁹

Economic Well-Being and Stability

At the beginning of the pandemic, agency leaders and elected officials faced difficult decisions about the best ways to reduce infection while also minimizing economic damage to individuals, families, and businesses. The task force discussed the many ways that these decisions' impacts were felt in the state.

Economic well-being is inextricably linked to health outcomes. Without the necessary savings to cushion against sudden unemployment, the lost source of income can push people into economic precarity. Loss of income poses clear financial barriers to accessing resources that protect and improve physical and mental health, such as routine medications, nutritious food, and healthy recreational activities. In March 2020, many businesses closed in order to comply with Executive Orders designed to decrease large gatherings of people and to promote social distancing. In the last two weeks of March 2020, Governor Cooper signed four Executive Orders related to the pandemic:

- March 14 – Executive Order 117 – closure of public schools statewide; ban on mass gatherings of over 100 people^a
- March 17 – Executive Order 118 – closure of restaurants and bars for dine-in services as of 5:00p.m. on March 17; increased access to unemployment benefits^b
- March 21 – Executive Order 119 – waiver for restrictions on child care and older adult care facilities; flexibilities for the Division of Motor Vehicles^c
- March 23 – Executive Order 120 – closure of public schools statewide through May 15; ban on mass gatherings of over 50 people; closure of some businesses as of 5:00p.m. on May 25 (e.g., gyms, movie theaters, hair and nail salons)^d

Partly as a result of these closures, between March 16 and March 26, 2020, there were 200,000 new unemployment claims in North Carolina; this is close to the number of claims typically filed in one year.²³ Executive Order 118 waived the one-week waiting period for receiving unemployment benefits, as well as the requirement that applicants actively seek work to receive benefits. Between March 2020 and February 2021, the number of people filing for unemployment reached over 1.4 million in North Carolina, accounting for nearly one in every three workers. Sixty-seven percent of people who applied for unemployment benefits were approved, with over \$9.6 billion in payments as of January 29, 2021, including federal supplements.^{24,25} Counties across the state experienced a variation in peak unemployment rates—from 8.1% in Bertie County to 24.5% in Dare County.

In addition, research points to racial disparities in the experience of unemployment during the pandemic, as well as disparities in age, gender, and education. Non-Whites were more likely to report loss of their jobs, loss of income, and severe financial problems during the pandemic.²⁶ Data from the U.S. Census Household Pulse Survey also shows that, nationally, Black and Hispanic workers were more likely than non-Hispanic Whites to not receive unemployment benefits after losing their jobs.²⁷ Unemployment rates in the early months of the pandemic were lowest among workers with higher levels of education. Younger workers, due to higher likelihood of having service

^a Governor Cooper, Executive Order 117, <https://files.nc.gov/governor/documents/files/EO117-COVID-19-Prohibiting-Mass-Gathering-and-K12-School-Closure.pdf>

^b Governor Cooper, Executive Order 118, <https://files.nc.gov/governor/documents/files/EO118.pdf>

^c Governor Cooper, Executive Order 119, <https://files.nc.gov/governor/documents/files/EO119.pdf>

^d Governor Cooper, Executive Order 120, <https://files.nc.gov/governor/documents/files/EO120.pdf>



jobs impacted by retail and hospitality closures, were more likely than older workers to lose jobs.²⁶ Women were also more likely than men to leave the workforce between February 2020 and February 2021, often due to needing to take care of children at home, with Black and Hispanic women comprising 46% of this group despite representing less than one-third of the female workforce nationwide. These disparities were also attributed to higher numbers of women workers in service jobs impacted by the pandemic.²⁸

As people lost employment, many also lost insurance coverage associated with those jobs. An analysis by Families USA estimated that approximately 238,000 workers in North Carolina had lost health insurance as of May 2020, the fifth largest number in the nation.¹³ Data are not available on the number of dependents who lost coverage due to a family member's unemployment, but estimates show that up to 14.3% of North Carolina adults lacked health insurance in 2020, compared to 11.3% in 2019.^{28,29}

In addition to the impact on individuals' employment, the risk mitigation strategies implemented to address the pandemic also impacted business across the state. The closure of small businesses, in particular, was noted to have significant effects in North Carolina. A survey of North Carolina small businesses conducted in late 2020 by the NC Main Street and Rural Planning Center (an initiative of the Rural Economic Development Division of the NC Department of Commerce) found that 96% of small businesses reported that they continued (or had resumed) operating by the end of 2020; 80% reported that they were conducting business differently (such as introducing online sales) than they had prior to the pandemic. Small business owners reported a need for assistance in establishing online sales, including accessing adequate and reliable broadband service. Two-thirds of small businesses reported that they had lost revenue since the start of the pandemic, and 60% of small businesses reported that they had received financial assistance through a combination of federal and state grant and loan programs.³⁰

NC Chamber defines small businesses as those with fewer than 100 employees. Approximately 9 out of 10 small businesses in North Carolina have fewer than 20 employees. Nationally, small businesses make up approximately 45% of total economic activity, and 47% of total employment.

Source: NC Department of Commerce, North Carolina Small Business Survey Final Report. Accessed August 15, 2022. <https://files.nc.gov/nccommerce/documents/Rural-Development-Division/Main-Street/NC-Small-Business-Survey-Final-Report-with-Appendix-December-2020.pdf>

Federal Action to Address Unemployment and Small Business Hardship

The first piece of federal legislation in response to COVID-19, the Coronavirus Preparedness and Response Supplemental Appropriations Act, was signed into law on March 6, 2020. This legislation provided \$20 billion to the Small Business Administration (SBA) to assist in its disaster loans program, which administered loan subsidies for small businesses that were severely financially impacted by the coronavirus.³¹ Also included in this Act was the initial Paycheck Protection Program (PPP), which provided \$349 billion in assistance. The initial PPP lasted only 13 days before being depleted and had to be replenished in April 2020 with \$310 billion authorized through the CARES Act.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law by President Trump on March 27, 2020, included a supplement to unemployment benefits provided by states. Under this legislation, individuals were eligible for a \$600-per-week supplement to state benefits for four months, bringing the weekly maximum to \$950.00.³² Individuals who qualified for this benefit included those laid off, furloughed, or with reduced hours due to COVID-19; individuals still receiving benefits from their employer, but no salary; gig economy workers and freelancers; and individuals who were not laid off or furloughed, but were unable to work for various reasons (including individuals diagnosed with COVID-19 or with diagnosed family members, and those who were unable to begin a new job due to workplace closure).^{33,34}

The CARES Act also provided assistance for small businesses. An estimated 226,766 businesses, with 2.98 million employees, were eligible for this assistance in North Carolina.³⁵ These provisions, for companies with fewer than 500 employees, included:

- Up to eight weeks of cash-flow assistance to maintain payroll;
- If payroll maintained, any funds used for payroll costs, interest on mortgage, rent, or utilities will be forgiven;
- Maximum loan amount based on formula (average monthly payroll x 2.5); maximum loan size \$10 million;
- Economic Injury Disaster Loans with \$10,000 advance.³⁵

Additional federal action targeted economic hardship due to unemployment. Congress passed the American Rescue Plan Act (ARPA) in March 2021. The legislation provided \$1.9 trillion in spending to support families, stimulate the economy, and fund a variety of efforts to combat the COVID-19 pandemic and its effects, including additional direct stimulus payments and tax credits. ARPA also extended the Pandemic Unemployment Assistance program through September 6, 2021, maintaining the federal benefit amount of \$300 per week while increasing the total number of weeks benefits available to individuals not able to return to work from 50 to 79 weeks. Along with extending benefits, the first \$10,200 in 2020 unemployment benefit distributions were made exempt from federal income tax for households with incomes below \$150,000

per year.³⁶ ARPA also included additional provisions for assistance to small business. This assistance included:

- \$15 billion for targeted Economic Injury Disaster Loans (EIDL);
- \$28.6 billion for restaurants, bars, and other eligible providers of food and drink;
- \$1.25 billion for shuttered venue operators;
- \$157 million to create a “community navigator” pilot program to increase awareness of and participation in COVID-19 relief programs for business owners lacking access, with priority for businesses owned by socially and economically disadvantaged individuals, women, and veterans.^{36,37}

Into 2021 and 2022, the impacts of both the pandemic and the policy strategies to address its economic effects were becoming clearer. Researchers at North Carolina State University called 2021 “a good year” for the state’s economy, citing an increase in gross domestic product of 4.5%, a better rate than pre-pandemic, and an economy 3% larger than its pre-pandemic level.³⁸ North Carolina also added 143,500 net new jobs in 2021, with the most gains in leisure/hospitality, professional services, manufacturing, and construction. Many North Carolina cities, including Raleigh-Cary, Wilmington, and Greenville, reported full recoveries from pandemic job losses, while Asheville and Greensboro-High Point were still below pre-pandemic job levels. Statewide job numbers also remained below pre-pandemic levels, and while the unemployment rate was near the pre-pandemic rate, workforce participation remained challenging, with the percentage of working age people who are either employed or looking for work smaller than in 2019.³⁸

While many of the worst economic impacts of the pandemic have improved, the full impacts of loss of income and insurance, as well as the impacts of federal and state assistance, require ongoing study and analysis.³⁹ The task force recognized the importance of understanding the impact of the public health emergency, as well as mitigation strategies, on employment and small business.

Access to Early Care and Education

The COVID-19 pandemic underscored the critical role of early care and education in the state’s economy. At the beginning of the pandemic, many child care facilities closed in order to reduce exposure and infection rates; 43% of child care facilities had closed by mid-April 2020. However, Executive Orders did not require child care facilities to close, recognizing the need for this essential service, especially for health care workers and frontline essential workers. These workers and many others who were unable to work from home also faced a shortage of trusted, reliable, affordable, and safe care for their children. Parents and caregivers whose jobs shifted to remote work faced the daunting challenge of caring for their children at home while working or finding at-home alternatives. When more child care facilities reopened, they often did so with reduced staffing ratios and limited operating hours in order to meet new standards for disinfection and social distancing.

Fewer children receiving care contributed to a loss of revenue for many facilities, as well as ongoing child care challenges for working families.⁴⁰

In December 2020, the North Carolina Early Childhood Foundation released results of a survey of more than 800 working parents of young children, designed to assess their experiences with child care during the pandemic. Survey results found that in the months between March and October 2020, more than half of surveyed households experienced job loss, furlough, or reduced pay/hours due to COVID-19. The availability of formal child care had fallen by half since the start of the pandemic, with more than 70% of respondents saying they had difficulty finding a satisfactory child care arrangement, for both preschool-aged and school-aged children. While 44% of rural families were accessing formal child care prior to the pandemic, at the time of the survey that number had fallen to 15%. The survey also highlighted inequities across child care experiences: women of color more frequently reported that their child care provider was closed, they were unable to find an alternative, and they could not afford child care because of reduced income.⁴¹

Child Care in North Carolina: Pre-Pandemic Context:

- 44% of families in North Carolina live in areas that have less than one child care slot for every three children aged 0–5
- Fewer than half of North Carolina employers offered child care supports for families (including paid leave, on-site child care, and/or flexible schedules)
- Women of color had lower access to employer supports for child care

Source: https://buildthefoundation.org/wp-content/uploads/2020/12/Early-Education-in-the-Time-of-COVID-19_Final-1.pdf

In addition to the impact on working families, child care closures and reductions in number of children able to attend also impacted child care facilities’ financial positions, as well as child care workers’ wages and job stability. In a survey of 322 child care facilities in North Carolina conducted by the National Association for the Education of Young Children in March 2020, nearly one-third of North Carolina child care facilities said they would not survive closing for more than two weeks “without significant public investment and support that would allow them to compensate and retain staff, pay rent, and cover other fixed costs.” More than 1 in 10 facilities (12%) reported that they would not survive a closure of any length of time without supports for these costs. Many facilities also reported that enrolled parents were unable to pay fees (43%), and 30% of facilities had lost income because of families’ inability to pay.⁴²

Actions were taken at both the state and federal level to alleviate the financial challenges faced by child care facilities. In 2020, the CARES Act provided \$118 million in federal funding for child care relief to North Carolina, and the North Carolina General Assembly provided an additional \$20 million. This funding allowed the North Carolina Department of Health and Human Services’ (NCDHHS) Division of Child Development and Early Education to implement

^e United States House of Representatives. H.R.1319 - 117th Congress (2021- 2022): American Rescue Plan Act of 2021.; 2021. <https://www.congress.gov/bills/117/congress/house-bill/1319/text>. Accessed March 25, 2021.



several temporary programs to support the child care industry, including emergency child care subsidies, teacher and staff bonuses, operational grants, cleaning/hygiene supplies, and urgently needed personal protective equipment for staff. This funding also provided for additional technical assistance to child care facilities and parent subsidy co-payments.⁴³

In 2021, the American Rescue Plan Act (ARPA) provided an additional \$805 million in federal aid to be distributed through the North Carolina Child Care Stabilization Grants. Child care facilities were invited to apply for grants ranging from \$6,000 to \$60,000. These quarterly grants are administered by the Division of Child Development and Early Education in NCDHHS.⁴⁴ As of April 2022, NCDHHS had distributed over \$340 million to more than 4,000 child care centers across 99 counties. Since the start of the stabilization grants, nearly 90% of eligible child care programs have applied for and received these grants. More than 90% of the programs have used the grant funding for compensation and wage support for their staff.⁴⁵

To address the long-standing societal and structural factors that have contributed to the many impacts of the COVID-19 pandemic, while also strengthening North Carolina's ability to withstand future public health emergencies, the task force recommends:

Recommendation 9.1

Assess pandemic-driven impacts on economic stability to mitigate the impact of closures intended to promote public health.

Recommendation 9.2

Ensure access to high-quality early childhood education.

Recommendation 9.3

Ensure access to social, emotional, and physical health resources in K–12 Public School Units (PSU).

Recommendation 9.4

Address student learning loss caused or exacerbated by school closures and remote learning.

The following entities are responsible for implementing Recommendations 9.1–9.3:

- North Carolina Department of Commerce
- NC Chamber
- Local chambers of commerce
- Economic Development Partnership of North Carolina
- Public and private employers
- North Carolina General Assembly
- North Carolina county commissioners
- The North Carolina Early Education Coalition
- North Carolina Early Childhood Foundation
- Child Care Services Association
- North Carolina Department of Health and Human Services' Division of Child Development and Early Education
- North Carolina Department of Public Instruction
- State agencies
- Community-based organizations
- Philanthropic organizations

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Assess pandemic-driven impacts on economic stability to mitigate the impact of closures intended to promote public health.

Strategy 9.1a: The North Carolina Department of Commerce, NC Chamber, local chambers of commerce, the Economic Development Partnership of North Carolina, and other work groups created during the course of the pandemic should conduct assessments of the impact of county and state closure policies on small businesses, including short- and long-term financial stability, staffing needs, and ongoing business viability. State and local policymakers should use study results and ongoing input from the business sector to inform revisions of emergency response plans.

Strategy 9.1b: The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations should assess the impact of pandemic-driven closures on families and children, along with historically marginalized and vulnerable populations, such as persons involved in the justice system, individuals facing housing insecurity, and people who use drugs.

Strategy 9.1c: The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations should develop and implement policies to provide additional support and relief to alleviate ongoing impacts based on the results of the assessment described in Strategy 9.1b.

STRATEGY 9.1a

Assess the impact of county and state closure policies on small businesses.

The North Carolina Department of Commerce, NC Chamber, local chambers of commerce, the Economic Development Partnership of North Carolina, and other work groups created during the course of the pandemic should conduct assessments of the impact of county and state closure policies on small businesses, including short- and long-term financial stability, staffing needs, and ongoing business viability. State and local policymakers should use study results and ongoing input from the business sector to inform revisions of emergency response plans.

DESIRED RESULT

Comprehensive understanding of the small business impacts of closures as risk mitigation strategy during a public health emergency, in order to inform subsequent efforts.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

The task force recognized the many elements that policymakers were balancing when making decisions about implementation of risk mitigation strategies. Primary to these considerations were the economic impacts of various strategies and the different impacts that strategies might have

on individual families, small businesses, and others. While the task force recognized the initial and ongoing collaborations and partnerships with business leaders, chambers of commerce, and others, it also recognized the need for continued research and analysis to gain understanding of longer-term impacts, particularly on small business.

ADDITIONAL CONTEXT

The agencies and organizations outlined in **Strategy 9.1a** continue to assess and analyze the ongoing impacts of the pandemic. As noted above, research from the North Carolina Department of Commerce has shown that, while 96% of small businesses reported that they continued (or had resumed) operating by the end of 2020, 80% reported conducting business differently than they had prior to the pandemic. Business owners identified a need for assistance in establishing online sales, including assistance with adequate and reliable broadband technology. Two-thirds of small businesses reported that they had lost revenue since the start of the pandemic, with 60% of small businesses reporting that they had received financial assistance through a combination of federal and state grant and loan programs.³⁰

In 2021, the Department of Commerce released *First in Talent: Strategic Economic Development Plan for the State of North Carolina*. This report outlined four goals for the state in building back a strong economy, and several strategies included in the plan focus on strengthening small businesses. These strategies emphasize the development of small businesses in rural and disadvantaged communities, as well as increasing the number and promoting the success of women- and minority-owned businesses, as key to overall economic strength.⁴⁶

STRATEGY 9.1b–9.1c

Assess the impact of state and county closures on vulnerable populations and provide additional support to alleviate ongoing impacts.

Strategy 9.1b: The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations should assess the impact of pandemic-driven closures on families and children, along with historically marginalized and vulnerable populations, such as justice system-involved persons, individuals facing housing insecurity, and people who use drugs.

Strategy 9.1c: The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations should develop and implement policies to provide additional support and relief to alleviate ongoing impacts based on the results of the assessment described in Strategy 9.1b.

DESIRED RESULT

Targeted state, local, and philanthropic spending aimed at alleviating ongoing financial and other impacts of the pandemic, and improving future stability.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

As outlined in *Healthy North Carolina 2030*, social and economic factors play an outsized role in whether individuals and families are able to be healthy and well. The task force discussed the many ways that this is especially true during a public health emergency like the COVID-19 pandemic. Closures of business, schools, medical facilities, and many other services were implemented in order to reduce the risk of infection, and these policies had differing impacts across populations. To address this, the task force recognized the need for ongoing study of the disparate impacts, as well as targeted policies designed to specifically address various needs. The task force recommended that assessments and policies include those addressing pandemic impacts on financial stability, as well as on mental health, employment, food security, and interpersonal violence.

ADDITIONAL CONTEXT

The North Carolina General Assembly, state agencies, community-based organizations, and philanthropic organizations are the entities involved in **Strategies 9.1b and 9.1c**, and are well-positioned to implement sustained and targeted approaches to address impacts of pandemic closures.

At the start of the pandemic, and as it continued, it was quickly apparent that closures of schools, businesses, retail establishments, and other public spaces would have significant impact on individuals, and this impact would be experienced in many different ways. Researchers and policymakers began the difficult work of understanding these impacts and developing strategies that would address the worst of the financial, educational, and mental health impacts of closures.

Legislation including the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the American Rescue Plan Act (ARPA), as described earlier in this chapter, sought to provide assistance to businesses and individuals that would alleviate the financial impacts of closures. Understanding that school closures would mean children would not receive food service provided at school, North Carolina participated in the federally funded Pandemic Electronic Benefit Transfer (P-EBT) program, which provided families with food assistance in the absence of school programs. Through July 2021, NCDHHS and the North Carolina Department of Public Instruction (NCDPI) provided more than \$1.7 billion in food assistance to more than 1.3 million children.⁴⁷ School closures have also impacted educational outcomes and well-being for many children; while the full extent of learning loss and other outcomes remains to be seen, researchers have begun to examine the impacts of school closures on overall learning, on future income, and on several drivers of physical and mental health, including food insecurity, access to care, and physical activity.⁴⁸



Because pandemic closures also had a disparate impact on vulnerable populations, affecting access to physical and mental health care services, substance use treatment, housing support, and other human services, it is also important to continue research to understand the acute and ongoing impacts of closures, and identify sustainable resources to address them.^{49, 50}

RECOMMENDATION 9.2

RECOMMENDATION 9.2

Ensure access to high-quality early childhood education.

Strategy 9.2a: The North Carolina Early Education Coalition, in partnership with the North Carolina Early Childhood Foundation, the Child Care Services Association, and the North Carolina Department of Health and Human Services Division of Child Development and Early Education should assess the impact of federal and state action to alleviate financial and staffing impacts of the COVID-19 pandemic on the early care and education industry and provide recommendations for ongoing support, including provisions and planning for emergency child care services.

Strategy 9.2b: Public and private employers should consider policies, such as wage support, additional paid leave, and on-site child care, that support families in obtaining high-quality and affordable child care.

STRATEGY 9.2a

Assess the impact of federal and state action to alleviate financial and staffing impacts of the COVID-19 pandemic on the early care and education industry and provide recommendations for ongoing support.

Strategy 9.2a: The North Carolina Early Education Coalition, in partnership with the North Carolina Early Childhood Foundation, the Child Care Services Association, and the NCDHHS Division of Child Development and Early Education, should assess the impact of federal and state action to alleviate financial and impacts of the COVID-19 pandemic on the early care and education industry and provide recommendations for ongoing support.

DESIRED RESULT

A financially sustainable early care and education sector that promotes high-quality care and recruitment and retention of workforce.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

The task force recognized the many ways that the challenges faced by the early care and education sector prior to the pandemic worsened in the face of facility closures, unemployment, and wage competition. At the same time, the task force discussed the importance of available, high-quality, and affordable child care in ensuring financial stability for families and economic stability and development for communities. Policies implemented during the pandemic,

such as federal and state grants for wage support, emergency subsidies, and payments for personal protective equipment and cleaning supplies, continue to improve the availability of child care for families and contribute to the sustainability of the sector. The task force recognized the need for ongoing action to continue this support.

ADDITIONAL CONTEXT

Various professional associations and child and family advocates across the state have addressed the needs of the early care and education sector, both prior to the pandemic and as an urgent and ongoing challenge since the pandemic began. In order to strengthen the early care and education sector following the pandemic, the North Carolina Early Education Coalition recommends bonus pay/hazard pay for child care teachers and staff during declared emergencies; emergency child care subsidy assistance for families; additional operating grants to support child care facilities that remain open during public health emergencies and afterward; and an increase in child care subsidy market rates to improve access to child care. According to the Coalition, these priorities provide the needed stabilization of the early care and education industry and “ensure that every county has the capacity to support young children’s healthy development and the child care needs of working parents.” **Strategy 9.2a** builds on the work of the Coalition and other state advocates to identify policy change and stabilize and strengthen the early care and education sector and workforce, providing a much-needed service for families and children.⁵¹

STRATEGY 9.2b

Consider policies that support families in obtaining high-quality and affordable early care and education.

Strategy 9.2b: Public and private employers should consider policies, such as wage support, additional paid leave, and on-site child care, that support families in obtaining high-quality and affordable early care and education.

DESIRED RESULT

Improved access to high-quality, affordable early care and education for working families in North Carolina and reduced disparities in income and educational attainment

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

The task force discussed the impact on children and families of temporary closures followed by reduced availability of high-quality child care. Availability of child care was an essential component of families’ ability to work throughout the pandemic, and families’ economic security and mental health were impacted by this factor. The task force recognized that employer-based policies aimed at improving families’ access to early care and education would contribute to economic stability and family well-being.

ADDITIONAL CONTEXT

According to a survey by the U.S. Census Bureau in January 2022, one in four parents and caregivers of young children reported having to cut work hours, take unpaid leave, leave a job, or hold off a job search because of difficulty finding child care.⁵² Additional research shows that nearly 70% of North Carolina families have had difficulty finding satisfactory child care arrangements during the pandemic.⁵³

In summer 2020, the North Carolina Early Childhood Foundation's Family Forward NC initiative released the results of a survey designed to assess workplace benefits in the midst of the COVID-19 pandemic. The survey, conducted in July 2020 with responses from 359 employers representing a variety of industries across the state, assessed changes—including anticipated or potential changes—to family-friendly workplace policies. The survey found that two-thirds of employers reported proactively improving workplace benefits, including 30% who implemented additional paid sick leave or a new paid family leave policy. Eighteen percent of responding employers enhanced medical coverage for their employees, and more than 50% were currently offering or considering offering flexible work hours. However, only 3% of employers reported that they have increased or were planning to increase child care benefits in response to COVID-19, emphasizing the need for family-friendly workplace policies that include child care support.^{54,55}

In addition to the ways in which accessible care impacts families' overall financial stability, high-quality early care and education is instrumental in ensuring strong child development and improved readiness for kindergarten. Children enrolled in high-quality child care and preschool programs are shown to have stronger language and pre-math skills, more advanced social skills, fewer behavioral challenges, and easier adjustment to kindergarten. Children in low-income families and those at risk for academic difficulties receive the largest gains from high-quality early care and education programs.⁵⁶ Studies looking at long-term impacts of high-quality early education show a reduction in disparities between lower- and higher-income children's educational attainment and wages at age 26. Disparities in rates of college graduation were reduced when low-income children spent more months in early education programs, and reductions in disparities in wages were associated with sustained high-quality early care and education for low-income children.⁵⁷

RECOMMENDATION 9.3

Mental Health Resources for K–12 Public and Charter School Students

Public and charter schools, also known as Public School Units (PSU), play a critical role in providing services that support students' social, emotional, and physical health. When there are school closures or students are excluded from school settings for quarantine, students are isolated from their routines, peers, and in-person support from teachers, counselors, psychologists, social

workers, and other school staff, with increasingly apparent impacts on mental health. In 2020, when many schools across the United States were closed due to stay-at-home orders, mental-health-related emergency department visits for children aged 5–11 and 12–17 increased by 24% and 31%, respectively, compared to 2019.⁵⁸

By April 2021, over \$61 million in COVID-19-relief funding was allocated to the North Carolina Department of Public Instruction (NCDPI) for mental health support for students and families.⁵⁹ Despite this increase in one-time funding, in 2022 North Carolina was ranked 42nd in the nation by Mental Health America in a composite ranking of youth mental health indicators, including measures of depressive episodes, substance use disorders, and mental health treatment, which indicates a higher prevalence of mental illness and lower rates of access to mental health care for youth in our state.⁶⁰ Supporting students' mental health does not just require treatment for mental or behavioral health needs; it requires a whole-person approach and is critical to students' engagement of learning and retention of academic content.⁶¹ NCDPI utilizes *Whole School, Whole Community, Whole Child*, an evidence-based framework from the Centers for Disease Control and Prevention (CDC) with a whole-person approach. Much of the implementation of this approach across the state is supported by limited-term grants and one-time funding; for decades, North Carolina schools have lacked stable and sufficient funding for coordinated school health services.^{62,63} Increasing access to social, emotional, and behavioral health services; positive and supportive school climates; family engagement; and nutrition services through sustained funding would play a critical role in addressing mental health needs that existed prior to, and have been exacerbated by, the COVID-19 pandemic.

Learning Loss and Future Economic Consequences

Results from a 2022 NCDPI report examining the overall impacts of the COVID-19 pandemic on schools in North Carolina indicated that there was a negative learning impact for all students in all grades in nearly every academic subject due to COVID-19-related closures and remote learning.⁶⁴ Students of all races/ethnicities were negatively impacted by the gaps in instructional time and remote learning, but pre-existing disparities have increased. Gaps also widened for economically disadvantaged students,⁶⁴ who are less likely to receive tutoring outside of school due to cost.

The current gaps in learning could have significant future economic consequences for individuals and the state. A recent (2021) report from the Urban Institute utilized longitudinal data and predicted that there will be a widening gap in earnings between low-income students and their higher-income peers.⁶⁵ One study suggests that a student impacted by COVID-19 learning loss may earn \$49,000 to \$61,000 less over their lifetime.⁶⁶ Providing increased instructional support to address this learning loss will be critical to mitigate these potential economic effects of learning loss. Frequent,



high-quality tutoring and consistent summer remediation are evidence-based approaches^{67,68} that the task force highlighted as potential ways to address learning loss.

RECOMMENDATION 9.3

Ensure access to social, emotional, and physical health resources in K–12 Public School Units (PSU).

Strategy 9.3a: To provide access to mental and behavioral health support services, the North Carolina General Assembly should provide funding to improve ratios of Specialized Instructional Support Personnel (SISP)—including nurses, counselors, psychologists, and social workers—to students.

Strategy 9.3b: The North Carolina General Assembly should provide funding for a statewide coordinator for the Child and Family Support Team (CFST) initiative for technical assistance and data collection for existing CFST programs and to help expand the CFST across the state.

Strategy 9.3c: North Carolina philanthropic and community-based organizations should provide ongoing funding and technical assistance for training and practices that can be incorporated into PSU Improvement Plans for Social Emotional Learning and School Mental Health.

STRATEGY 9.3a

Provide funding to ensure adequate mental and behavioral health support services for students.

To provide access to mental and behavioral health support services, the North Carolina General Assembly should provide funding to improve ratios of Specialized Instructional Support Personnel (SISP)—including nurses, counselors, psychologists, and social workers—to students.

DESIRED RESULT

Strategy 9.3a aims to expand access to physical, social, emotional, and mental health prevention, intervention, and transition⁶⁹ for K–12 students enrolled in Public School Units (PSU), which include local education agencies and charter schools.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

The task force identified sustained funding for PSU to hire SISP (nurses, counselors, psychologists, and social workers) to achieve a ratio more closely aligned with national recommendations as an important strategy for addressing the mental, behavioral, and physical health needs of students. SISP provide critical services in schools, including 1) supporting physical and mental health; 2) contributing to a positive school climate; 3) working with instructional staff to ensure students have the academic support and accommodations they need; and 4) helping students explore careers and

extracurricular interests.⁷⁰ When there is an adequate ratio of SISP in schools, SISP are able to provide support and a team-based approach to the needs of individual students and their families.⁷⁰ North Carolina has lagged behind national standards for SISP-to-student ratios for decades.^{71–73} Although ratios have improved, SISP are often shared between multiple schools and/or responsible for providing services to thousands of students.⁷¹

Table 1. Specialized Instructional Support Personnel (SISP) Ratios⁷⁴

SISP ROLE	CURRENT RATIO IN NORTH CAROLINA PSU (SISP role to students)	NATIONALLY RECOMMENDED RATIO (SISP role to students)
SCHOOL COUNSELORS	1 : 335	1 : 250
SCHOOL NURSES	1 : 890	1 per school
SCHOOL SOCIAL WORKERS	1 : 1,025	1 : 250
SCHOOL PSYCHOLOGISTS	1 : 1,815	1 : 500

Source: Nichols A, Essick E. Specialized Instructional Support. In: Child Fatality Task Force. ; 2022. https://www.ncleg.gov/DocumentSites/Committees/NCCTFF/Presentations/2021-2022/Combined_slides_full_CFTF_2-7-22.pdf.

ADDITIONAL CONTEXT

The rise of school shootings during the COVID-19 pandemic and over the past two decades^{75,76} has highlighted the need to provide students with a positive school climate, address gaps in mental health services, and decrease isolation for students.⁷⁷ SISP are uniquely qualified to identify students in crisis and provide and connect them to mental health services. Teachers and other instructional staff often refer students to SISP for urgent and necessary support services, and if SISP have their time divided between two or more schools, it may be difficult to create the trust and relationships needed with students and between school professionals.⁷⁸

Forty million dollars in Governor’s Emergency Education Relief (GEER) funding was appropriated to all PSU to hire up to 500 additional nurses, counselors, social workers, and psychologists (SISP) as a means to provide students with increased physical, mental health, and academic support.⁷⁹ However, the \$40 million allotted is non-recurrent funding, which may lead to the elimination of the increased SISP positions once those funds are expended.⁸⁰ Sustained, recurrent funding is needed to increase the amount of SISP in schools.

STRATEGY 9.3b

Support the Child and Family Support Team in providing technical assistance and data collection in PSU.

The North Carolina General Assembly should provide funding for a statewide coordinator for the Child and Family Support Team (CFST) initiative for technical assistance and data collection for existing CFST programs and to help expand the CFST across the state.

DESIRED RESULT

Funding a statewide coordinator position for the CFST would provide oversight for the over \$13 million currently allocated to CFST,⁸¹ collect data for evaluation of the programs across the state to determine and share best practices, and provide technical assistance to expand the CFST in additional PSU.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

The task force identified the need for schools to provide greater support for families, especially given the hardship that remote learning and the pandemic itself placed on students and families.⁸² CFST is a school-based program that has existed since 2006 and places nurse-social worker teams in schools in local education agencies (LEAs) in counties across the state. The teams are charged with identifying and supporting students who are at risk for academic failure or out-of-home placement.⁸³

The CFST is an important addition to other SISP in schools; the nurses and social workers employed under the CFST program are dedicated to those teams and are not meant to be assigned to any additional responsibilities, and funding for this purpose is not meant to supplant other funding.⁸¹ The CFST is grounded in system-of-care principles and is designed to collaborate with community partners, including the Department of Social Services, Local Management Entities, the Department of Juvenile Justice and Delinquency Prevention, local district courts, and local health departments.⁸⁴ This team-based model puts the family at the center of planning, delivery, and monitoring of services. While team membership varies, each team is required to include the family and the student, if age and developmentally appropriate.⁸³

ADDITIONAL CONTEXT

At the height of funding for the CFST, 21 counties employed 100 nurse-social worker teams in 101 schools and provided funding for a statewide coordinator and evaluation. In 2010, reductions were made in the funding for the CFST, and only eight counties maintained their CFST; in 2011, the funding for a statewide coordinator position and evaluation was eliminated.⁸³

STRATEGY 9.3c

Provide funding and technical assistance to PSU to promote student mental health and well-being.

North Carolina philanthropic organizations and community-based organizations should provide ongoing funding and technical assistance for training and practices that can be incorporated into PSU Improvement Plans for Social Emotional Learning and School Mental Health.

DESIRED RESULT

Partnerships between PSU and philanthropies and community-based organizations would enable schools to provide more comprehensive mental health training for staff and incorporate evidence-based strategies that are responsive to the needs of their local communities.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

Each K–12 PSU is required to adopt and implement a plan for “promoting student mental health and well-being; assessing and improving upon the effectiveness of supports for the mental and social-emotional health and substance use needs of its students and staff,”⁸⁵ and staff are required to receive six hours of initial training and two additional hours annually.⁸⁶ North Carolina General Statute § 115C-376.5 requires these plans and subsequent training but does not provide funding for the training.^f

North Carolina philanthropies and community-based organizations play a critical role in providing upstream strategies for whole-person health that are tailored to the needs of their communities.⁸⁷ PSU Improvement Plans for Social Emotional Learning (SEL) and School Mental Health (SMH) provide an opportunity for partnership on these upstream strategies. North Carolina philanthropies and community-based organizations have insight into the needs of their communities and serve as important connection points for wraparound services for students and staff.

ADDITIONAL CONTEXT

The pandemic shed a light on the social-emotional needs of teachers and school staff, and the stress of remote learning and delivery of services only compounded the existing stresses of these professions. According to a 2021 national survey, one in four teachers, and nearly half of Black teachers, stated they were likely to leave their jobs.⁸⁸ North Carolina has seen an average attrition rate of 8% over the last four school years,⁸⁹ and over the last decade, there has been a 35% decrease in enrollment in undergraduate education programs in the UNC System.⁹⁰ In July and August 2022, many North Carolina counties were reporting challenges in filling open teaching positions prior to the start of the school year, with some counties offering bonus pay to current teachers and those recruited to fill open positions.⁹¹ Retaining highly qualified, experienced teachers will be critical to the academic recovery from COVID-19-associated learning loss. The effort to retain North Carolina teachers must incorporate supporting teachers’ social-emotional and mental health, and assistance from North Carolina philanthropies and community-based organizations will be necessary to provide that support.

^f “Senate bill 476, § 115C-376.5 <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S476v6.pdf>



RECOMMENDATION 9.4

RECOMMENDATION 9.4

Address student learning loss caused or exacerbated by school closures and remote learning.

Strategy 9.4a: To provide increased support for students through one-on-one remediation and enrichment, the North Carolina General Assembly should provide funding to increase the amount of teacher assistants in Public School Units (PSU).

Strategy 9.4b: The North Carolina General Assembly and North Carolina county commissioners should provide increased funding to instructional and non-instructional staff for summer enrichment.

STRATEGY 9.4a

Support teaching assistants in PSU.

To provide increased support for students through one-on-one remediation and enrichment, the North Carolina General Assembly should provide funding to increase the amount of teacher assistants in Public School Units (PSU).

DESIRED RESULT

Providing increased funding for teacher assistants would provide more opportunities for all students to receive the tutoring and instructional support needed to address learning loss created and exacerbated by the COVID-19 pandemic.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

Providing regular, ongoing tutoring during the school day is one of the most equitable and economical ways to address learning gaps caused by the COVID-19 pandemic,^{92,93} but additional staff are necessary to provide that support. Tutoring in small groups or one-on-one during the school day, or immediately after or before the school day, is an evidence-based approach to addressing learning loss.^{92,94} Teacher assistants can tutor students one-on-one or in small groups, provide informal observations around student performance, and conduct formal benchmark assessments.

ADDITIONAL CONTEXT

State funding for teacher assistants is “based on dollar allotments to each district based on the number of pupils in early grades,” and districts use that funding to hire teacher assistants based on state salary schedules.^{81,95} Over the past decade, the number of teacher assistants in North Carolina’s PSU has steadily declined⁹⁶ due to funding cuts made during the Great Recession.⁹⁷ College-educated teacher assistants in a complementary role with certified teachers are effective at producing learning gain through tutoring.⁶⁷

STRATEGY 9.4b

Support summer programs in PSU.

The North Carolina General Assembly and North Carolina county commissioners should provide increased funding for School Extension Learning Recovery and Enrichment programs in PSU, including increased bonuses to recruit instructional and non-instructional staff.

DESIRED RESULT

Increased funding for School Extension Learning Recovery and Enrichment programs and their staff will allow PSU to continue to address learning gaps exacerbated by the COVID-19 pandemic.

WHY DOES THE TASK FORCE RECOMMEND THIS STRATEGY?

To mitigate the impact of COVID-19 on student learning, the General Assembly passed a law in 2021 that required PSU to implement summer learning programs in order to address the learning needs of all students, and particularly those who are at risk for academic failure or not progressing toward grade promotion.^{1,98} School Extension Learning Recovery and Enrichment programs (summer programs) offered by North Carolina PSU in 2021 were effective at recruiting students, and 86% of enrolled students were identified as at-risk. The end-of-program survey for the 2021 summer programs indicated that staffing for instructional and non-instructional staff was a significant challenge. The assessment data from the 2021 summer programs showed their effectiveness: 65% of students showed maintenance or improvement in reading and 66% showed maintenance or improvement in math.⁹⁸ Successful summer remediation and enrichment programs require early planning, robust staff hiring and training, hands-on activities, and curriculum targeted to meet students’ learning needs.⁹³ Federal funds were utilized for the 2021–2022 summer programs,^{99,100} but sustained, recurring funding will be necessary for them to continue.

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